## S

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summary	edule(s) of the	FOR LINE NUMBER: PAGE 45 OF 57 (check only one)    X   17
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NAME OF COMMITTEE (In Full)  Ikaika for Hawaii			
Full Name (Last, First, Middle Initial)  Sam's Club  Mailing Address 1000 Kamehameha Hwy			Date of Disbursement  O9 11 2014
State: District:		Category/ Type	Amount of Each Disbursement this Period  44.01  Transaction ID : VN7RK9SYMX2  [MEMO ITEM]  *
Full Name (Last, First, Middle Initial)  Sam's Club  Mailing Address 1000 Kamehameha Hwy			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
President Other State: District:	Zip Code 96782-2881  For: 2014  ary General r (specify)	Category/ Type	Amount of Each Disbursement this Period  43.05  Transaction ID : VN7RK9SYMY0  [MEMO ITEM]  *
Full Name (Last, First, Middle Initial)  Sam's Club  Mailing Address 1000 Kamehameha Hwy			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Pearl City HI  Purpose of Disbursement Fuel  Candidate Name  Office Sought: House Disbursement F Senate Prima		Category/ Type	Amount of Each Disbursement this Period  41.01  Transaction ID: VN7RK9SYMZ7  [MEMO ITEM]  *
SUBTOTAL of Disbursements This Page (optional)			0.00

TOTAL This Period (last page this line number only).....